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BLAKELY SOKOLOFF TAYLOR & ZAFMAN

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From:	Joni D. Stutmar	-Horn Operato	r: <u> </u>	Collette	
Date:	November 16, 2	005			
App. No.:	09/754,556				
No. of pages:	15 (including cover sheet)				
Client/Matter:	42P10829	_ Docket Date:	11/16/2005	Atty: JDS	
Dear Examiner.					

Please find the following document(s) attached:

- 1) Transmittal Form (1 page)
- 2) Fee Transmittal (1 page)
- 3) Response to Office Action (12 pages)

Thank you.

CERTIFICATE OF TRAI	NSMISSION
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By: <u>Anne Callette</u> Anne Collette	Date: <u>November 16, 2005</u>

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Printed name	Printed name John D. Stutman-Horn							
Date	November 16, 2005 Reg. No. 42,173							
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify the sufficient postage the date shown be	as first o	rrespondence is be tass mail in an env	eing facsin relope add	nile transmitted to the US ressed to: Commissioner	PTO or depos for Patents, i	ited with P.O. Box	the Ur 1450,	ited States Postal Service with Alexandria, VA 22313-1450 on
Signature		anne	Col	Lette			_	
Typed or printed n	ame	Anne Collette					Date	November 18, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to procees) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application from to the USPTO. The will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patants, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04) Approved for use through 07/31/2008, OMB 0851-0032
U.S. Patent and Tredoment Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no parsons are moulted to respond to a collection of information unless it displays a valid CMB control number. Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/754,556 TRANSMITTA Filing Date January 4, 2001 For FY 2005 First Named Inventor Kim Tall Examiner Name Crystal J. Barnes Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2121 **TOTAL AMOUNT OF PAYMENT** (\$) 550.00 Attorney Docket No. 42P10829 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): ✓ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may b scome public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity **Small Entity Application Type** Fee (\$) Fea.(\$) Fee (\$) Fees Pald (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 O 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 360 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 31 2 50 100.00 Fee (\$) Fee Pald (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claima Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 60 or fraction thereof Fee (\$) Fee Paid (\$) - 100 a / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) 1) Extension for response within second month (Fee Code 1252) 450.00 SUBMITTED BY Registration No. 42,173 Telephone 703-633-6845 Signature (Attorney/Agent)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Paland and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date November 16, 2005

ioni D. Stutman-Hom

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09/754,556

Attorney Docket No.: 42P10829

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Appli	cation of:)	
Kim Toll) Examiner:	Crystal Barnes
Application No.: Docket No.: Filed:	09/754,556 42P10829 Jan. 4, 2001	Art Unit:) VIA FAX)	2121 (571) 273-8300
	G USER PROFILES BETWEEN SOR-BASED SYSTEMS)))	

RESPONSE AND AMENDMENT AND PETITION FOR A TWO MONTH EXTENSION OF TIME

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In accordance with 37 C.F.R. § 1.136(a), Applicant for the above-identified application respectfully petitions the Commissioner for a two (2) month extension of time, extending the period for response to Nov. 16, 2005, from the Office Action dated Jun. 16, 2005. Please charge the petition filing fee of \$450.00 to Deposit Account No. 02-2666.

If it should be determined that a longer extension of time is required to prevent this application from being abandoned, please charge any additional fees to Deposit Account No. 02-2666. A copy of the Fee Transmittal is enclosed for deposit account charging purposes.

In response to the Office Action mailed on Jun. 16, 2005, please reconsider the pending claims based on the following amendment.

11/18/2005 MBINAS 000000005 022666

CERTIFICATE OF TRANSMISSION 02 FC:1252 450.00 DA

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By: <u>Anne Collette</u>.

Anne Collette

Date: November 16, 2005